

SAMPLE

PRINT in BLACK ink

Enter the name of the county in which this case is filed.

STATE OF WISCONSIN, CIRCUIT COURT,

For Official Use

MILWAUKEE

COUNTY

Enter the name of the petitioner. If joint petitioners, enter the name of the wife.

In RE: The marriage of:

Petitioner/Joint Petitioner-Wife:

Jane

Ann

Smith

First name

Middle name

Last name

On the far right, check Petitioner/Joint Petitioner-Wife or Respondent/Joint Petitioner-Husband

and

Financial Disclosure Statement of:

- ☒ Petitioner/Joint Petitioner-Wife
☐ Respondent/Joint Petitioner-Husband

Enter the name of the respondent. If joint petitioners, enter the name of the husband.

Respondent/Joint Petitioner-Husband:

John

Andrew

Smith

First name

Middle name

Last name

Enter the case number.

Case No. 08FA001234

This form must be filed with the court within the time period set by the court but no later than 90 DAYS after the service of the **Summons** and **Petition** on the respondent (spouse) or the filing of a **Joint Petition**. Failure by either party to complete and file this form or attachments as required will authorize the court to accept the statement of the other party as the basis for its decisions. **Deliberate failure to provide complete disclosure is perjury.**

1. PROOF OF INCOME:

- Attach a statement reflecting income earned to date for the current year.
- Attach most recent W-2 Statement.

2. GENERAL INFORMATION

Name

Jane Ann Smith

Address

123 W. Main St.

Address

City

Milwaukee

State WI

Zip 53202

Phone (day)

414-123-4567

Phone (evening) 414-123-4567

Alternative Phone:

none

Social Security Number 123-45-6789

Occupation

Bus Driver

Employer

Sunshine Bus Company

Address

456 W. Main St.

Address

City

Milwaukee

State WI

Zip 53202

Phone

414-765-4321

Fax 414-765-4321

Payroll Office

☒ Same as employer

Address

Address

City

State

Zip

Phone

Fax

3. MEMBERS OF YOUR HOUSEHOLD

Enter the name and relationship of all people living in your household. Check yes or no to identify if they contribute to payment of household expenses.

	Name	Relationship	This person helps pay expenses	
			Yes	No
<input type="checkbox"/> I live alone				
1.	Mark Smith	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Mary Smith	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Thomas Jones	Father	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>

4. MONTHLY INCOME

Income from wages / salary is received (check one):

To calculate monthly gross income use the multiplier shown:

- ☐ weekly -multiply weekly income by 4.3 ☒ every other week (bi-weekly) -multiply bi-weekly income by 2.15
☐ monthly ☐ twice a month-multiply semi-monthly income by 2

MONTHLY GROSS INCOME

1.	Gross monthly income (before taxes and deductions) from salary and wages, including commissions, allowances and overtime. (See above how to calculate.)	\$2,000.00
2.	Pensions and retirement funds received	\$0.00
3.	Social Security benefits received	\$0.00
4.	Disability and Unemployment Insurance received	\$0.00
5.	Public Assistance Funds received	\$0.00
6.	Interest and Dividends received	\$0.00
7.	Child Support and maintenance (spousal support) received from any prior marriage/relationship	\$100.00
8.	Rental payments received (from property you rent to others)	\$0.00
9.	Bonuses received	\$0.00
10.	Other sources of income received: (please specify)	\$0.00
11.		
12.		
13.	Total Gross Income (add lines 1-12)	2,100.00

MONTHLY DEDUCTIONS

14.	Number of tax exemptions claimed	<u>3</u>
15.	Monthly federal income tax withheld	\$300.00
16.	Monthly state income tax withheld	\$100.00
17.	Social Security	\$100.00
18.	Medicare	\$50.00
19.	Medical insurance	\$50.00
20.	Other insurances	\$0.00
21.	Union or other dues	\$0.00
22.	Retirement or pension fund	\$0.00
23.	Savings plan	\$0.00
24.	Credit union	\$0.00
25.	Child support or spousal support payments	\$0.00
26.	Other deductions: (please specify)	\$0.00
27.		
28.	Total Monthly Deductions (add lines 14 - 27)	600.00
	MONTHLY NET INCOME (subtract line 28 from line 13)	1,500.00

5. ANTICIPATED MONTHLY EXPENSES

My Monthly Expenses		
1.	Rent or mortgage payment (primary residence)	500.00
2.	Real Estate Property taxes (residence)	0
3.	Repairs and maintenance (including maintenance of appliances and furnishings)	0
4.	Food (include eating out) and household supplies	200.00
5.	Utilities (electricity, heat, water, sewage, trash)	200.00
6.	Telephone (local, long distance & cellular)	50.00
7.	Cable and Internet Services	50.00
8.	Laundry and dry cleaning	25.00
9.	Clothing and shoes	25.00
10.	Medical, dental and prescription drug expenses (not covered by insurance)	0
11.	Insurance (life, health, accident, auto, liability, disability, homeowner's or renter's-excluding insurance that is paid through payroll deductions)	0
12.	Childcare (babysitting and day care)	0
13.	Child support or spousal support payments (due to previous marriage or relationship) (Exclude payments made through payroll deductions)	0
14.	School expenses (child and adult education)	15.00
15.	Entertainment (include clubs, social obligations, travel, recreation)	50.00
16.	Incidentals (grooming, tobacco, alcohol, gifts, holidays and special occasions)	20.00
17.	Transportation (other than automobile)	0
18.	Auto payments (loans/leases)	100.00
19.	Auto expenses (gas, oil, repairs, maintenance)	50.00
20.	Newspapers, magazines, books	0
21.	Care and maintenance of pets (food, vet, grooming)	0
22.	Payments to any dependents not living in your home and not included in a category above (including college age children)	0
23.	Hobbies	20.00
24.	Other taxes than those listed above (exclude payroll deductions)	0
25.	Other expenses (include expenses of other real properties owned, professional services such as counseling and tax/legal advice, etc)	0
	Other Monthly installment payments:	
26.	Mortgage (other than primary mortgage)	0
27.	Other vehicle payments	0
28.	Credit card debt (total minimum monthly payments)	50.00
29.	Court ordered obligations	0
30.	Student loans	50.00
31.	Personal loans	10.00
	TOTAL MONTHLY EXPENSES (Add lines 1-31)	1,415.00

6. ASSETS: List ALL assets that you own individually and together with your spouse without regard to how they have been or will be divided later.

If you do not have assets in an asset category, write "none" under the heading and enter "zero" in the estimated value column. If you need more space, please attach additional sheets.

	W = Wife B=Both			H=Husband				
	Ownership or Title Held by			Current Possession				
Household Items	W	H	B	W	H	B	Amount Owed	Estimated Value Today
Household furniture & accessories	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	500.00	2,000.00
Household appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	1,500.00
Kitchen equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	500.00
China, silver, crystal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	250.00
Jewelry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	200.00
Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	200.00
Antiques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		None
Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		None
Electronic equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	500.00
Sports equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		None
Recreational vehicles, boats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		None
Tools	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	300.00
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		None
Automobiles: Year, Make, Model							Amount Owed	Estimated Value Today
1996 Geo Prism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1,500.00
2007 Kia Rio	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5,000	12,000
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Securities: Stocks, Bonds, Mutual Funds, Commodity Accounts Name of Company & # of shares	Ownership or Title held by W = Wife H=Husband B=Both				Value Today	
	W	H	B			
ABC Stock Company - 25 shares	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		5,000	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Life Insurance Name of Company & Policy #				Beneficiary	Face Amount	Cash Value Today
XYZ Life Insurance Company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children	25,000	0
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Cash and Deposit (Savings and Checking) Accounts Name of Bank or Financial Institution				Type of Account	Account # Last 4 digits	Balance Today
Such and Such Bank	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	savings	9876	200.00
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Pension, Retirement Accounts, Deferred Compensation, 401K Plans, IRAs, Profit Sharing, etc. Name of Company & Type of Plan				% Vested if known	Date of Valuation	Value Today
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Business Interests Name of Business & Address	W	H	B	Type of Business	% of Ownership	Value MINUS Indebtedness		
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Other Personal Property Description of Asset				Type of Property		Value		
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Assets Acquired Description of Asset G - Gift I - Inherited B - Before Marriage	Ownership			Acquired by			Date Acquired	Value Today
	W	H	B	G	I	B		
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Real Estate	Parcel 1			Parcel 2			Parcel 3	
Type of Property	Single Family							
Address: street, city, state	123 W. Main St. Milwaukee, WI 53202							
Current Fair Market Value	\$125,000							
Current Mortgage Balance	\$100,000							
Other Liens	None							

7. MEDICAL, HOMEOWNERS/RENTERS, AUTOMOBILE, OTHER INSURANCE

What type of insurance policies do you have?					
Name of Company, Group # & Policy #	W	H	B	Type of Insurance	Date Issued
Health Insurance Company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health	2002
Homeowners Insurance Company	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeowners	2006
Auto Insurance Company	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Auto	2006
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

8. DEBTS: List ALL debts that you owe individually and together with your spouse without regard to who will be responsible for payment later.

If there are additional DEBTS, please attach a separate sheet of paper with the creditor's name and address, the type of obligation, who pays (W, H, B) and the current balance.

Creditor's Name & Address	Type of Obligation	Who Currently Pays			Monthly Payment	Current Balance
		W	H	B		
Mortgage Company	mortgage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	525.00	100,000.00
Car Loan Company	car loan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100.00	10,000.00
Credit Card 1	credit card	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50.00	2,000.00
IRS	back taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	15,000.00
Student Loan 1	student loan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50.00	3,000.00
Medical Bill 1	medical bill	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10.00	1,000.00
Gas Company	past due utility bill	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10.00	700.00
Uncle Bob	personal loan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.00	500.00
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

9. DISPOSAL OF ASSETS

Did you dispose of any assets (sold, given away, or destroyed) in the 12 months before the case was filed?

☐ Yes ☒ No

If yes, complete chart below:

Property / Asset	Date of Disposal	Fair Market Value on Date of Disposal

10. CURRENT LITIGATIONAre you a party in any other lawsuit or litigation? ☐ Yes ☒ No

If yes, identify the lawsuit or litigation. _____

11. BANKRUPTCYHave you ever filed for bankruptcy? ☐ Yes ☐ No

If yes, identify the following:

Type of filing Chapter 7Date of filing 2005Current status Discharged**12. DECLARATION****I declare under the penalty of perjury that the above, including all attachments, is true and correct as of the date signed below.**

Sign and print your name.

Enter the date on which you signed your name.

Note: This signature does not need to be notarized._____
Signature_____
Print or Type Name_____
Date